

10. **Date Of Service.** Unless specifically authorized by the Department or its designee the date of services for durable medical equipment and supplies is the date of delivery of the equipment and/or supply(s). The date of service cannot be prior to the vendor receiving all medical necessity documentation. (7-1-99)

11. **Notice Of Decision.** A Notice of Decision approving or denying a requested item will be issued to the client by the Department. The client has thirty (30) days to request an administrative hearing on the decision. Upon written request, the Department may extend the thirty (30) day deadline to provide the client additional time to develop his appeal request. The client may also submit additional information and request a reconsideration at any time hearings will be conducted to IDAPA 16.03.05, "Rules Governing Eligibility for Aid to the Aged, Blind, and Disabled (AABD)," Section 300.(7-1-99)T

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9. Clinic Services:

Clinic services which are preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services furnished to an outpatient by or under the direction of a physician and which may include those services provided by community health centers.

1. Mental Health Clinics:

Services provided in a mental health clinic are outlined in the Rules Governing Medical Assistance Section 03.9155. Service limitations as follows:

- (a) Psychotherapy Services: As set forth in Rules Governing Medical Assistance section 03.9155.04.a.-c. are limited to forty-five (45) hours per calendar year.
- (b) Partial Care Services: Partial care treatment will be limited to fifty-six (56) hours per week per eligible client.
- (c) Evaluation and Diagnostic Services: Evaluation and diagnostic services limited to twelve (12) hours for each eligible recipient per calendar year.

2. Ambulatory Surgical Centers (ASC):

Ambulatory surgical center services are outlined in Rules Governing Medical Assistance Section 09.9121. Service limitations are as follows:

- (a) Must be provided in a facility certified by Medicare as an ASC, and are restricted to those procedures identified by the Medicare program in accordance with 42 CFR §416.65, or identified by the Department as meeting such requirements.

3. Diagnostic Screening Clinics:

Services provided in a diagnostic screening clinic are outlined in the Rules Governing Medical Assistance Manual Section 03.9121. Service limitations are as follows: five (5) hours of medical social services per eligible per state fiscal year is the maximum allowable.

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9. 4. Diabetes Education and Training Clinics:

Clinics which provide diabetic education and training services are outlined in the Rules Governing Medical Assistance Manual Section 03.9128. Outpatient diabetes education and training services will be covered under the following conditions:

- (a) The education and training services are provided through a diabetic management program recognized as meeting the program standards of the American Diabetes Association.
- (b) The education and training services are provided through a formal program conducted through a hospital outpatient department or a physician's office by a Certified Diabetic Educator certified by the American Diabetes Association.
- (c) Service Description. Only training and education services which are reasonable and necessary for treatment of a current injury or illness will be covered. Covered professional and educational services will address each client's medical needs through scheduled outpatient group or individual training or counseling concerning diet and nutrition, medications, home glucose monitoring, insulin administration, foot care, or the effects of other current illnesses and complications.
- (d) To receive diabetic counseling, the following conditions apply to each patient.
  - (i) The patient must have written order by his or her primary care physician or physician extender referring the patient to the program.
  - (ii) The physician may not use the formally structured program, or a Certified Diabetes Educator, as a substitute for basic diabetic care and instruction the physician must furnish to the patient which includes the disease process/pathophysiology of diabetes mellitus and dosage administration of oral hypoglycemic agents.
- (e) The medical necessity for diabetic education and training are evidenced by the following:
  - (i) a recent diagnosis of diabetes within ninety (90) days of enrollment with no history of prior diabetic education; or,

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9. 4. (e) (ii) uncontrolled diabetes manifested by two or more fasting blood sugar of greater than one hundred forty milligrams per decaliter (140 mg/dL), hemoglobin greater than eight percent (8%-), or random blood sugar greater than one hundred eighty milligrams per decaliter (180 mg/dL), in addition to the manifestations, or
- (iii) recent manifestations resulting from poor diabetes control including neuropathy, retinopathy recurrent hypoglycemia, repeated infections, or non-healing wounds.
- (f) Diabetes education and training services will be limited to twenty-four (24) hours of group sessions and twelve (12) hours of individual counseling every five (5) calendar years.

10. Dental Services:

Dental services include diagnostic, preventive, restorative treatment, endodontics, periodontics, fixed and removable prosthodontics, maxillofacial prosthetics, oral surgery, orthodontics and adjunctive general services, and are purchased when provided by a licensed dentist or denturist as described in Rules Governing Medical Assistance section 03.9125.

Dental Services Limitations: All covered dental services, limitations on specific services, excluded services, billing codes and payment policies are stated in the Idaho Medicaid provider Handbook, Section 3, Dental Guidelines, dated December 1, 1998, which are attached. A dental consultant will review requests for prior authorization, with accompanying documentation, to determine approval or denial.

Procedures not recognized by the American Dental Association are not covered.

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11. Physical Therapy and Related Services:

a. Physical Therapy Services-Independent Practitioners :

Payment for physical therapy services by a licensed physical therapist must be ordered by a physician as a part of a plan of care, and be provided either in the patient's home or in the therapist's office. An office in a nursing home or hospital is not considered an independent therapist's office. Recipients are limited to one hundred (100) visits during a calendar year.

c. Services for Individuals With Hearing Disorders-Audiology Services:

The Department will pay for audiometric services and supplies according to Medical Assistance Manual section 03.9108. The Department will pay for one audiometric examination and testing related to the exam each calendar year when ordered by a physician and provided by a certified audiologists and/or licensed physician. Any hearing test beyond the basic comprehensive audiometry and independent testing must be ordered in writing before the testing is done.

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12. A. Prescribed drugs are provided for non-institutionalized persons as well as institutionalized patients. Prescriptions for oral contraceptives and diaphragms for women of child bearing age are also eligible for payment. All drug products requiring, by state or federal law, a licensed practitioner's order for dispensing or administration, are purchasable except for (1) those specifically excluded as ineffective or inappropriate by the Department of Health and Welfare policy, or (2) those drugs not eligible for federal participation.

1. Excluded Drug Products. The following categories and specific products are excluded:

- a. Non-legend medications unless included in subsection 2.b. This includes legend medications that change to non-legend status as well as their therapeutic equivalents regardless of prescription status;
- b. Any legend drugs for which federal financial participation is not available;
- c. Diet supplements;
- d. Amphetamines, anorexiants, and related products, including but not limited to:
  - i. Amphetamine; and
  - ii. Benzphetamine; and
  - iii. Chlorphentermine; and
  - iv. Clortermine; and
  - v. Dextroamphetamine; and
  - vi. Diethylpropion; and
  - vii. Fenfluramine; and
  - viii. Mazindol; and
  - ix. Methamphetamine; and
  - x. Phendimetrazine Tartrate; and
  - xi. Phenmetrazine; and
  - xii. Phentermine; and

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STATE IDAHO

12. A. 1. d. xiii. Salts and optical isomers of the above listed drugs; and
- xiv. Combination products containing any of the above drugs.
- e. Ovulation stimulants including Clomiphene Citrate, Menotropins, and Urofollitropin; and
- f. Topical Minoxidil; and
- g. Nicotine chewing gum and transdermal patches; and
- h. Isotretinoin; and
- i. Topical medications whose active ingredients include either:
- i. Benzoyl peroxide combinations;
- ii. Clindamycin;
- iii. Erythromycin;
- iv. Meclocycline;
- v. Tetracycline;
- vi. Tretinoin.
- j. Vitamins unless included in subsection 2.a.
2. Prior Authorization. Certain excluded prescription drugs are purchasable with prior approval of the Department. These products include:
- a. Drugs from manufacturers that have a signed National Rebate Agreement or an approved existing agreement which are prescribed for medical indications other than:
- i. weight loss, or
- ii. weight gain, or
- iii. fertility promotion, or
- iv. cosmetic purposes or hair growth.

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12. A. 2. b. FDA, 1-A rated single source and innovator multi-source drugs manufactured by companies not participating in the National Rebate Agreement, which have been determined by the Department to be medically necessary.
3. Additional Covered Drug Products. Additional drug products will be allowed as follows:
- a. Therapeutic Vitamins
- i. Injectable vitamin B12 (cyanocobalamin and analogues); and
  - ii. Vitamin K and analogues; and
  - iii. Pediatric vitamin-fluoride preparations; and
  - iv. Legend prenatal vitamins for women of child bearing age; and
  - v. Legend folic acid; and
  - vi. Oral legend drugs containing folic acid in combination with Vitamin B12 and/or iron salts, without additional ingredients; and
  - vii. Legend vitamin D and analogues.
- b. Prescriptions for nonlegend products.
- i. Insulin; and
  - ii. Disposable insulin syringes and needles; and
  - iii. Oral iron salts.

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12. A. 4. Limitation of Quantities. No more than a thirty-four (34) day supply of continuously required medication is to be purchased in a calendar month as a result of a single prescription with the following exceptions:
- a. Up to one hundred (100) doses of medication may be purchased regardless of the prescribed dosage for:
    - i. Cardiac glycosides; and
    - ii. Thyroid replacement hormones; and
    - iii. Prenatal vitamins; and
    - iv. Nitroglycerin products; and
    - v. Fluoride and vitamin/fluoride combination products; and
    - vi. Nonlegend oral iron salts.
  - b. Oral contraceptive products will be purchased in a quantity sufficient for one (1), two (2), or three (3) cycles.

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Attachment 3.1A Program DescriptionSTATE IDAHO

12. Prescribed drugs and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist:

b. Dentures:

For specific coverage information see the Idaho Medicaid Provider Handbook, Section 3, Dental Guidelines, dated December 1, 1998, which are attached.

c. Prosthetic Devices:

The Department will purchase and/or repair medically necessary prosthetic and orthotic devices and related services which artificially replace a missing portion of the body or support a weak or deformed portion of the body. Hearing aids and related services will be covered by the Department.

Limitations: Prosthetic and orthotic devices and services will be purchased only if prescribed by a physician and pre-authorized by the Department. All prosthetic and orthotic devices (excluding hearing aids) that require fitting shall be provided by an individual who is certified or registered by the American Board for Certification in orthotics and/or prosthetics.

The Department will purchase one (1) hearing aid per recipient with prior approval by the Department. Follow up services are included in the purchase of the hearing aid for the first year. Necessary repairs resulting from normal use after the second year will be covered. Hearing aid batteries will be purchased on a monthly basis. Refitting of hearing aid or additional ear molds will be purchased no more often than forty-eight (48) months from the last fitting.

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